

**State of Connecticut  
State Innovation Model Design  
Health Information Technology Work Group**

**June 17, 2013  
Meeting Minutes**

**Location:** CT Valley Hospital, 1000 Silver Street, Middletown, CT 06457

**Members Present:** Mr. Mark Raymond (Chairman); Mr. Michael Michaud (Co-Chair); Mr. John DeStefano; Dr. Alan Kaye; Ms. Bernadette Kelleher; Mr. Daniel C. Maloney; Mr. Mike Miller; Mr. Dan Olshansky; Mr. Barry Simon; Dr. Minakshi Tikoo; Dr. Jonathan Velez; Dr. Victor Villagra; Mr. Josh Wojcik

**Members Absent:** Mr. Dan Carmody; Mr. Mark Root; Mr. James Wadleigh

Meeting convened at 9:00 a.m.

**Discuss goals for today's meeting, share progress from other work groups, review synthesis from second work group meeting**

The group reviewed the discussions of the prior two meetings, as well as the roadmap for future meetings. The group also reviewed the agenda for the day's meeting, as well as the work of the other work groups.

The State Healthcare Innovation Planning (SHIP) team met June 10 and continued to develop a mission statement that incorporates the work of the Care Delivery and Payment Reform groups. The group discussed the mission statement. It was suggested that an operational definition of whole person centered care be developed. There was also a recommendation that the statement addresses better outcomes and better quality of life. The group discussed how to measure each of the mission statement's bullet points. This discussion will be shared with the SHIP.

They also discussed the work of the Health Care Cabinet (HCC) in terms of stakeholder engagement. The HCC has a consumer advisory subcommittee that will look at the stakeholder engagement aspect of the SIM. Focusing on consumer engagement in healthcare transformation may make the state's grant application distinctive.

The Governor's Cabinet for Non-Profit Health and Human Services has a group focusing on workforce development. That group's work could intersect with the SIM Workforce Development group. The model will have to address how to incorporate the existing workforce into the transformation as well as prepare the future workforce.

The group reviewed Care Delivery's six components of a population health model. The Care Delivery group is trying to strike a balance between an audacious vision and mission and the need for pragmatism. Care Delivery is working through how prescriptive the model should be. The Payment Reform work group is reviewing guiding principles for payment reform. The groups are looking at sustainability, accountability, and access.

The group discussed the whole person care concept. It was suggested that the group focus less on “buzz words” (e.g. use care coordination instead of person centered medical home). The plan should allow for future innovation and eliminate the potential for confusion.

### **Align on Connecticut’s HIT capability roadmap that has been refined based on discussions during the last work group**

The group reviewed past discussions. The group must be flexible in its approach, look to incorporate paths, look at capabilities that need to be centralized, consolidated, and/or coordinated, look at the necessary metrics, and incorporate consumer engagement. The group examined a three stage timeline and discussed staging EMR-based clinical data exchange. While this was placed in Stage 2, there are implementation tasks that must be performed in the near term in order to properly build it out in the long term. It was suggested that policy solutions be the focus during Stage 1 with technology implementation taking place during Stage 2.

### **Discuss level of HIT infrastructure standardization/consolidation across stakeholders**

The group examined three possible models: a consolidated solution across payers; a standardized but not consolidated solution; or a solution that was neither standardized nor consolidated. Members were asked to think about which model worked best for Connecticut. They also looked at four components of standardization: provider-payer-patient connectivity, payer analytics; provider-patient care management tools; provider-provider connectivity. The group touched on developing a single patient portal. They also discussed the need to expand analytics beyond payers. The data analyzed should be financial and clinical. Group feedback has centered on the need to have standardized inputs and outputs (identical data collection and reports). They discussed instituting auditable quality metrics (such as the federal standards for ACOs). It may be ideal to start with a small level of metrics and expand over time. Those metrics should also be able to be measured with those of other states. It was also suggested that a neutral entity could analyze the data.

The group discussed provider choice. The group could decide to prequalify vendors that providers could choose from. The group could develop a shared system. They also talked about instituting transformation training activities. Smaller providers will need to buy in to the transformation in order for it to be successful. In coming meetings, the group will look at potential costs. SIM funds cannot be used to fund direct health information technology assessments in order to avoid duplication with existing programs. The group must look at existing and potential additional resources that could fund HIT activities in support of the application.

### **Consider aspects of HIT infrastructure and capability development where Connecticut could strive to be distinctive; introduce ongoing and potential HIT initiatives that could be differentiators for Connecticut**

#### **Member presentations:**

- 1: An overview was given of national and state activities related to the implementation of the Health Information Technology for Economic and Clinical Health (HITECH) Act, including existing initiatives and grant funding in place. Connecticut is engaged in the EHR Incentive Program, HIE cooperative agreements implemented by HITE-CT and DPH, HIT extension activities, and education and workforce activities at Capital Community College. Many of the funding programs in place end in early 2014 but there may be opportunities for the state to leverage available Medicaid funding.
- 2: An overview of Advanced Radiology Consultants’ patient portal was given. There were concerns at implementation that referring doctors may have issues with the system but so far

that have not been any. Patients have the ability to view their reports and update historical data. This system allows patients and providers to make more meaningful decisions. Advanced Radiology Consultants created the portal using federal grant money. The group discussed the need to recognize existing investments beyond those made by the federal government and determine how those investments will impact the SIM plan. The plan should align state and federal resources as well as identify and work to resolve existing gaps.

**Align on next steps**

In the coming meetings the group will look at potential costs and how they will impact the capabilities built. The group will also address discussion points that were missed in the day's meeting. As a reminder, the July 1 meeting was moved to July 8.

Meeting adjourned at 11:00 a.m.